



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH MOORESVILLE

City of Hospital: Mooresville

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Ben Laker

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Medicare Provider Number: 15-0057

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$118961920
Outpatient Patient Service Revenue	\$389405118
Total Gross Patient Service Revenue	\$508367038

2. Deductions From Revenue

Contractual Allowance	\$368616977
Other Deductions	\$16430808
Total Deductions	\$385047785

3. Total Operating Revenue

Net Patient Service Revenue	\$123319253
Other Operating Revenue	\$7079835
Total Operating Revenue	\$130399088

4. Operating Expenses

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Salaries and Wages	\$30143436	Employee Benefits	\$7782046
Depreciation and Amortization	\$8208871	Interest Expense	\$0
Bad Debt	\$-104291	Other Expenses	\$57028770
Total Operating Expenses	\$103058832		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$27340256	Total Assets	\$100450922
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-72088587
Total Net Gains	\$27340256		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$258052900	\$216354037	\$41698863
Medicaid	\$70644642	\$54627031	\$16017611
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$179669497	\$114066717	\$65602780
Total	\$508367039	\$385047785	\$123319254

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$57	\$-57

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3396971	
HCI Payments	\$0		
Subtotal	\$0	\$3396971	\$-3396971
Medicaid Shortfalls	\$16047679	\$26463048	
Subtotal	\$16047679	\$29860019	\$-13812340
DSH Payments	\$0		

	Subtotal	\$16047679	\$29860019	\$-13812340
Medicare Shortfalls		\$38708094	\$46997576	
Other Government Programs		\$0	\$0	
	Total	\$54755773	\$76857595	\$-22101822

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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